



ETON
SCHOOL

2018-2019 Emergency Consent

Returned, completed form required for attendance.

Student's Name _____ Gender _____

Preferred/Nickname _____ Date of Birth _____

Primary Language _____ Home Phone _____ None

Medical Information (Required)

Describe chronic and/or life-threatening health conditions. None See Individual Health Plan

Allergies (List any with specific expected symptoms and method of treatment).

Student's ongoing medications. None At Home Only See Physician's/Health Care Provider's Orders

Health Care Provider _____ Phone _____

Address _____

Date of Last Physical Exam _____ Preferred Hospital _____

Dentist _____ None Phone _____

Address _____

Consent for Campus Area Travel: I give permission for my child to walk between the facilities of Eton School (Main, Mezzo, Casa and Veladare buildings). They may also travel on nearby paths within a 1-mile radius of campus with adult supervision.

Consent for Short Messaging Services (Text Messaging): I hereby authorize Eton School to send SMS text messages through SchoolMessenger to the cell phone (listed below) to convey important and/or emergency information. I understand that standard text messaging rates will apply to any messages received from Eton School. I also understand that I or Eton School may revoke this permission in writing at any time. I agree not to hold Eton School liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number and or cell provider changes I will inform Eton School.

Consent for Emergency Treatment: I hereby give permission that my child (listed by name above) may be given emergency treatment by a qualified staff member at Eton School. I also give permission for my child to be transported by ambulance or aid unit to an emergency center for treatment. In the event that I cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health.

I agree to the above consents and acknowledge and approve all given information.

Parent/Guardian Signature Date

Cell Phone _____ E-mail _____

Parent/Guardian Signature Date

Cell Phone _____ E-mail _____

Rev. 08/2018